CHAPTER 9

EIBI Provider Services and Responsibilities

Early Intensive Behavior Intervention Provider Services

Early Intensive Behavior Intervention services are comprised of five distinct components: (1) EIBI Assessment, (2) EIBI Program Development and Training, (3) EIBI Plan Implementation, (4) EIBI Lead Therapy, and (5) EIBI Line Therapy.

1. EIBI Assessment: Provided by the EIBI Consultant and includes:

    - Completion of adaptive assessments as determined by the Autism Division PDD Consultant. The current instruments include the Assessment of Basic Language and Learning Skills – Revised **or** the Verbal Behavior Milestones Assessment and Placement Program, the Peabody Picture Vocabulary Test IV, the Expressive Vocabulary Test II and the Vineland Adaptive Behavioral Skills-II.

      Note: Deviation from using the required instruments means the assessment is incomplete and will not be accepted nor will payment be made. If the instruments are changed, the Provider will receive a 90 day written notice prior to the change.

2. EIBI Program Development and Training: Provided by the EIBI Consultant and includes:

    - Development of an individualized EIBI Treatment Plan;
    - Completion of a Functional Behavior Assessment and a Behavior Support Plan if challenging behaviors persist; and
    - Training family members and key personnel (e.g. Line and Lead Therapists) to implement interventions.

3. EIBI Plan Implementation: Provided by the EIBI Consultant and includes:

    - Implementation of the individualized Treatment Plan (must be done face-to-face);
    - Educating family, caregivers and service providers (e.g. Line and Lead Therapists) concerning strategies and techniques to assist the participant in behavior reduction and skill acquisition (must be done face-to-face);
    - Facilitate at least bi-monthly Team Meetings and maintain documentation of such (must be done face-to-face);

- Facilitate Family Training at least quarterly and maintain documentation of such (must be done face-to-face);

- Monthly monitorship of the effectiveness of the Treatment Plan (must be done face-to-face);

- Supervision of Lead Therapists and Line Therapists: (This requires the Consultant to observe the Lead Therapists and Line Therapists working with the child on multiple, regular occasions throughout the child's EIBI service time and providing feedback, documentation must be maintained);

- Modifying the EIBI Treatment Plan as necessary;

- Updating initial assessments and modifying the Treatment Plan as necessary;

- Completing and submitting the EIBI Program Exit Summary

4. EIBI Lead Therapy: Provided by the Lead Therapist and includes:

    - Assuring the EIBI Treatment Plan written is consistently implemented by all Line Therapists: (This requires the Lead Therapist to observe each Line Therapist working with the child on multiple, regular occasions throughout the child's EIBI service time and providing feedback, documentation must be maintained);

    - Weekly monitoring the effectiveness of the EIBI Treatment Plan;

    - Reviewing all recorded data;

    - Providing guidance to and supervision of each Line Therapist working with a child: (Must be provided face-to-face at the primary service location, documentation must be maintained);

    - Receiving and providing family/caregiver feedback; and

5. EIBI Line Therapy: Provided by the Line Therapist and includes:

    - Receiving family/caregiver feedback;

    - Implement interventions designed in the EIBI Treatment Plan; and

    - Records data and reports concerns and progress to the Lead Therapist.

Early Intensive Behavior Intervention Provider Responsibilities

Approved Providers of Early Intensive Behavior Intervention (EIBI) services under the PDD Waiver/PDD State Funded Program are responsible for complying with the following:

1. Personnel

- EIBI Providers will be responsible for but not limited to recruiting, selecting, retaining and terminating employees. This responsibility extends to the hiring of staff at all levels of service. As such, Providers are to assure that each employee meets the requirements for the position in which they serve and the Provider must be able to present documentation of the employee's credentials and evidence of meeting stated requirements. The responsibility for hiring and supervising Line Therapists may not be applicable if the parent/legal guardian elects to act as the child's Responsible Party and not use any Line Therapists hired by the Provider.

- Provide trained personnel to meet the budgeted level of EIBI service or the predetermined and agreed level of needs of the consumer.

- EIBI Providers will be allowed to sub-contract with personal care agencies or similar entities to employ Line Therapists. This process must be approved by DDSN and all sub-contracts must be made available to DHHS upon their request. Providers must assure that Line Therapists employed through sub-contracts meet all required personnel standards and maintain required documentation.

- Consultant Terminations: If a Consultant leaves the employment of an EIBI provider, the provider must notify DDSN in writing immediately. The notification must be on the provider's letter head and sent to DDSN/Autism Division, Attention: PDD Consultant, 3440 Harden Street, P.O. Box 4706, Columbia SC, 29240.

- Adhere to DDSN policy **Criminal Record Checks and Reference Checks of Direct Caregivers (406-04-DD**, **see Appendix, DDSN Policies and Directives**). Any responses received that are considered adverse in the above policy would prevent employment. The Provider:

    1. Must conduct a Federal Criminal Record Check

    2. Must obtain a written report from the Department of Social Services Child Abuse and Neglect Central Registry

    3. Must conduct a search on the website maintained by the Centers for Medicare & Medicaid Services List of Excluded Individuals/Entities

    4. Must obtain written reference checks from previous employers

  Note: This policy pertains to EIBI staff at all levels (i.e. Line Therapists, Lead Therapists and Consultants) given that all staff provides direct services. Although re-checks are not required annually, the EIBI Provider must have a policy that describes their frequency of doing re-checks (e.g. every 2 years or 3 years).

2. Complaints / Critical Incidents: This includes accidents, suspected abuse, neglect or exploitation and criminal activity.

- Complaint Log: The EIBI Provider shall maintain a log of all complaints that shall include documentation of the resolution of the complaint. The log must be maintained per calendar year and made available to the Autism Division PDD Coordinator upon request.

- Critical Incident Log: The EIBI Provider shall maintain a log of all critical incidents that shall include documentation of the resolution of the incident. The EIBI Provider shall communicate any critical incident to the Director of the Division of Quality Management via fax (803-898-9660) within one business day of the incident.

3. EIBI Therapy Notebook: Each child who receives EIBI services must have a Therapy Notebook. The Therapy Notebook should remain in the therapeutic environment in which the EIBI services are provided. All Therapy Notebooks must have at a minimum, the sections as outlined in the **EIBI Therapy Notebook** protocol located in Chapter 13 of the PDD Manual.

4. Therapy Documentation Sheet: The **Therapy Documentation Sheet (PDD Form 48)** must be maintained, properly completed and submitted for each child as outlined in the **Therapy Documentation Instruction Sheet**.

5. Data Management: The Provider must ensure the EIBI Consultant submits to the child's Case Manager and, when specified, the Autism Division PDD Consultant, the following information within the time frames indicated. Failure to submit completed information/reports by the required time frames may result in the responsible Consultant being sanctioned.

   - **EIBI Monthly Progress Report (PDD Form 54) and EIBI Therapy Documentation Sheet (PDD Form 48)**: Must be completed using the provided forms and submitted to the child's Case Manager and the Autism Division PDD Coordinator monthly. EIBI Monthly Progress reports submitted without EIBI Therapy Documentation Sheets will be considered incomplete. The Case Manager and PDD Coordinator must receive the previous month's Monthly Progress Report and Therapy Documentation Sheets no later than the 15th day of the following month (e.g. March reports must be received no later than April 15th).

     Note: The due date for the Monthly Report/Therapy Documentation Sheet is based on the Assessment Authorization Effective Date for the child (e.g. if the Assessment Authorization Effective Date is February 20, the first Monthly Report would be due on March 15).

   - **EIBI Quarterly Treatment Plan Report**: Must be submitted to the child's Case Manager quarterly and contain cumulative graphs of target areas demonstrating progress or areas of concern. The Case Manager must receive the previous quarter's reports no later than the 15th day of the month that immediately follows the quarter (e.g. the quarterly report for April, May and June must be received no later than July 15th).

     Note: The due date for the EIBI Quarterly Treatment Plan Report is based on the Assessment Authorization Effective Date for the child (e.g. if the Assessment

Authorization Effective Date is June 5; the first EIBI Quarterly Treatment Plan Report would be due on September 15).

- **Assessment of Basic Language and Learning Skills -Revised (ABLLS-R):** Must be submitted to the child's Case Manager and the Autism Division PDD Coordinator semi-annually per the initial assessment date. The Case Manager and the Autism Division must receive the completed ABLLS-R no later than 15 days after the end of the semi-annual period (e.g. the annual period runs from April 1, 2007 – April 1, 2008; the September 30, 2007 semi-annual ABLLS-R must be received no later than October 15, 2007).

- **Peabody Picture Vocabulary Test (PPVT-IV), the Expressive Vocabulary Test (EVT-II) and Vineland Adaptive Behavioral Skills-II:** Must be submitted to the Case Manager and the Autism Division PDD Coordinator annually per the initial assessment date. The Case Manager and the Autism Division must receive the completed PPVT-IV, EVT-II and Vineland -I within 30 days of the Assessment Authorization Effective date.

6. Authorizations

- **EIBI Assessments**: It is required that EIBI Providers ensure the timely completion of the Assessment.

    1. When an EIBI Provider accepts a case, the Provider must complete the Assessment within 30 days of the Assessment Authorization Effective Date. Completion means the Assessment report is written and disseminated to the child's Case Manager and the Autism Division PDD Consultant.

    2. All adaptive tests must be administered face-to-face by the EIBI Consultant.

    3. Once the Assessment is completed (per the aforementioned definition), the Provider may bill for payment. No billing should take place until all authorized services have been rendered.

- **EIBI Program Development and Training**: It is required that EIBI Providers ensure the timely completion of the Program Development and Training component.

    1. The Provider is expected to complete the Program Development and Training component (i.e. develop an individualized Treatment Plan, identify a Lead Therapist for the child, and hire and train sufficient number of Line Therapists to provide established EIBI hours) within 30 days of the Program Development and Training Authorization Effective Date. Although the Plan Implementation, Lead Therapy, and Line Therapy are authorized, they should not be provided until Program Development has been completed and Training is conducted for the family members and EIBI therapists.

    2. Once EIBI Program Development and Training have been completed, the provider may bill for payment. No billing should take place until all authorized services have been rendered.

- **EIBI Plan Implementation / EIBI Lead Therapy / EIBI Line Therapy:** The Provider must ensure the timely delivery of EIBI Plan Implementation, EIBI Lead Therapy and EIBI Line Therapy.

    1. Once the Program Development and Training have been completed, the provider must immediately begin providing Program Implementation, Lead Therapy and Line Therapy.

    2. The Provider must ensure the EIBI Consultant makes at least monthly on-site visits. During the visit, the Consultant must:

        - Provide face-to-face training to the child's parents, Lead Therapist and Line Therapists pertaining to program changes or updates.

        - Facilitate and maintain documentation of at least bi-monthly Team Meetings with the child's EIBI team (e.g. the parents, Line Therapist and Lead Therapist) to discuss and review Monthly Progress Reports, Therapy Documentation Sheets, and the most current Quarterly Treatment Plan Report

        - Work directly with the child to establish rapport.

          Note: If the child is receiving services in the clinic and home, face-to-face visits are required in both locations.

    3. Ensure the hours of EIBI Plan Implementation are delivered face-to-face in the setting in which the child normally receives EIBI line therapy.

       Note: If an on-site visit for Plan Implementation is interrupted and must be stopped, the Provider and parent/legal guardian must work to schedule another time during the month to complete the session. Plan Implementation time cannot be banked or carried forward and must be provided in the child's primary service location (e.g. home and clinic). There are no provisions in the PDD Program for "alternative Plan Implementation locations".

    4. Ensure that all therapeutic goals are implemented on a face-to-face basis with the child.

7. <u>Billing</u>

- Medicaid Billing - The EIBI Provider must:

    1. Ensure claims are being filed according to federally mandated Medicaid Policy.

    2. Ensure all services filed have been provided in the quantity filed.

3. Ensure services authorized by DDSN are being filed according to Medicaid billing procedures.

4. Ensure claims are filed to the primary health insurer prior to billing Medicaid, as Medicaid is the payer of last resort.

Note: EIBI Providers with questions pertaining to Medicaid billing should refer to the recommended Medicaid websites for assistance. This information is located in Chapter 13 of the PDD Manual in the document Medicaid Billing Assistance.

- State Funded Billing - The document **Billing Procedures for EIBI State Funded Services** outlines how EIBI Providers are to bill the South Carolina Department of Disabilities and Special Needs (SCDDSN) for EIBI services provided to PDD participants in any type of State Funded slot (e.g. regular State Funded, Temporary State Funded, and Extensions). For specific details, refer to the above document in Chapter 13 of the PDD Manual.

8. Clinic Based Services: The Pervasive Developmental Disorder Program was funded and approved based on the concept of intensive in-home intervention. As such, all approved Providers must offer home-based EIBI services. However, children can receive EIBI services in a clinic-based setting if the Provider obtains approval from DDSN prior to the initial opening of the clinic and annually thereafter and, if the parent/legal guardian submits the required request letter to the Provider.

Note: Although some Providers may offer clinic services as an option, a child may receive no more than 50% of their EIBI services in a clinic environment. Providing more than 50% of a child's awarded hours in a clinic setting will be considered a violation of Medicaid policy and PDD Program procedures.

- Parents/legal guardians who desire clinic-based EIBI Services must write a statement of such to the EIBI Provider indicating:

1. That the Parents/legal guardians have freely selected clinic-based EIBI services for their child;

2. They understand that no more than 50% of their child's awarded EIBI Line Therapy hours can be provided in an EIBI clinic; and

3. That the EIBI Provider has offered and intends to provide home-based EIBI services.

This documentation must be submitted to the EIBI Provider prior to the child starting clinic-based services and must be undated annually on or before the anniversary date. The EIBI Provider must keep this document on file.

- EIBI Providers who plan to offer clinic-based services must obtain approval from DDSN prior to operating an EIBI clinic and annually thereafter. The document **PDD Program Clinic-Based Approval Process and Operating Regulations (PDD Form 50)** explains the approval process. To obtain approval, the EIBI Provider must submit to the Autism Division PDD Consultant, the **Application for Approval for an EIBI Clinic.** Once the application is completed and submitted the Consultant will review all information and make a determination to issue or not issue a certificate approving clinic services. The Provider must adhere to all requirements as stipulated in the aforementioned application, the **PDD Program Clinic-Based Approval Process and Operating Regulations**, and the PDD Manual.

9. Off-Site Services: Off-Site hours were made available to Consultants and Lead Therapists to enable them the ability to complete documentation, evaluate programmatic changes and analyze data outside the therapeutic environment. EIBI off-site services must be provided and billed according to the programmatic needs of a child's EIBI services. EIBI Providers must abide by the following procedures pertaining to these Off-Site Services.

    - Off-site services are defined as services that are specifically related to the EIBI participant's program and essential to the program's continuation and development. Examples of approved off-site services include summation of raw data, analysis of data to determine appropriate programming, program development, task analysis development related to the child's specific goal(s), development of functional behavior support plan, acquisition/development of stimuli specific to a child's program, and notebook/material management.

    - Off-site services must be provided by a Lead Therapist or a Consultant who is actively working with the child from whom Lead Therapy or Plan Implementation hours are deducted. This time can not be used to pay for or compensate administrative support staff or any duties that are performed by such staff.

    - A Lead Therapist may designate from a child's approved Lead Therapy hours no more than one (1) hour per week for off-site Lead Therapy related services. This will enable the Lead Therapist to devote the majority of their time providing on-site support, supervision and guidance to each Line Therapist in an effort to ensure consistency and accountability.

    - A Consultant may designate from a child's approved Plan Implementation hours, up two (2) hours per month for off-site Consultant related services.

      Note: The Provider may not bill for Lead off-site services during a week that the Lead Therapist has not seen the child on a face-to-face home visit. The Provider may not bill for Consultant off-site services during a month that the Consultant has not seen the child on a face-to-face home visit. However, if off-site services have been provided earlier in the week/month and the Lead's/Consultant's visit scheduled later that week/month has to be canceled, the Provider may still bill for the off-site work rendered if the cancelation is documented in the Monthly Progress

Report. After three (3) cumulative occurrences during a budget year for a child, the Provider will no longer be able to bill for off-site if the child has not been seen during the required period.

- Off-site hours must be accounted for on the **Therapy Documentation Sheet (PDD Form 48)**.

  Note: When off-site services are performed, the provider must indicate on the Monthly Progress Report submitted to the Case Manager, a summary of work completed during the off-site time. A Monthly Progress Report will be considered incomplete if off-site hours are billed for but no summary is submitted.

10. Training

- Each Provider Company must submit to the Autism Division PDD Consultant a copy of the training curriculum to be used by the Provider to train Line Therapists and conduct the required family training prior to its use. Once approved initially the training curriculum must be re-submitted for approval every two (2) years.

- No hours must be deducted from a child's Lead Therapy or Line Therapy hours to cover any cost associated with the training of Line Therapists.

  Note: As part of a newly hired Line Therapist's initial training or new EIBI assignment, a Provider may elect to have the new Line shadow an experienced Line. If a Provider elects to have two Lines work simultaneously at the same location (for any reason), the Provider cannot bill the paying entity for each Line's total time nor can the Provider deduct each Line's total time form the child's awarded line therapy hours. For example: Two Lines report to a child's house, each working from 4:00 PM – 7:00 PM, the Provider cannot bill Medicaid/DDSN for 6 hours nor can they deduct 6 hours from the child's weekly awarded EIBI hours; only 3 hours can be billed and deducted.

- EIBI Providers must maintain documentation that supports Line Therapists receiving annual in-service training of at least 12 hours. Annual training must occur before the current training expires. Topics may vary from the initial training but must include the child's individualized EIBI Treatment Plan. At least 50% of this training must be facilitated face to face and provide validation of skills through demonstration and a posttest. Documentation of all training must be maintained by the Provider.

- Lead Therapists and Consultants must conduct periodic post training competency reviews. Specifically, a child's Lead Therapist must monitor each Line Therapist that works with the child at least quarterly and the child's Consultant must monitor each Lead Therapist and Line Therapist at least semi-annually. In both cases the reviewed staff must:

  1. Correctly respond to written and oral scenarios and,

2. Demonstrate ability to correctly respond to treatment protocols as evidenced by direct observation and written evaluation.

Documentation of this process must be maintained as a part of the employee's training record. Feedback must be given to the employee (i.e. Line and Lead) as to their ability to implement techniques covered during initial and follow-up training.

- EIBI Providers are required to have a representative attend at least one (1) PDD Program related in-service/training annually. This representative will be responsible for communicating all updates to the Provider. The in-service/training must be facilitated by the Autism Division. Documentation of participation must be maintained by the EIBI Provider.

11. EIBI Program Exit Summary

In an effort to capture all programmatic information that can be used to facilitate the continued progress of a child completing their participation in the PDD Program, EIBI Providers are required to complete and disseminate an **EIBI Program Exit Summary**. No new or additional authorizations are required for the completion of the Summary.

- An **EIBI Program Exit Summary** should be completed for children who have received three (3) years of EIBI services and children who reach age 11 prior to receiving three (3) years of service. If a child moves out-of-state or the parents/legal guardians terminate services early, the Provider is not required to complete an **EIBI Program Exit Summary.**

- To complete the EIBI Program Exit Summary, Providers should administer the established assessments (ABLLS-R, PPVT-IV, EVT-II, and Vineland-II) and, using the results from these assessments and previous assessments, develop a brief informative summary chronicling the child's process during their participation in the PDD Program. If these assessments were administered within four months prior to the child's exit date, the assessments should not be repeated. Instead, the provider should use the most recent assessments to complete the Summary.

- The completed Summary should be forwarded to the child's Case Manager, parents, and the Autism Division PDD Consultant.

- The Summary is a component of Program Implementation and should be completed before the child's last day of service.

- If a child's parents/legal guardians elect to change EIBI providers during their child's participation in the PDD Program, the last provider of EIBI services will be responsible for completing the Summary based on the information known to them.

12. Human Rights Committee

The DDSN directive **Human Rights Committee (535-02-DD)** establishes policies and procedures for the establishment of a **Human Rights Committee (HRC)** at each DDSN Regional Center, DSN Boards, and Contract Service Providers (e.g. all EIBI Providers). The role of the HRC is to safeguard and protect the rights of people receiving services and ensure that they are treated with dignity and respect in full recognition of their rights. An EIBI Provider may utilize an existing **Human Rights Committee** of a DSN Board or of a Regional Center or it may establish its own Committee as outlined in the aforementioned directive. All EIBI Providers must have a functioning **Human Rights Committee.** The directive **Human Rights Committee (535-02-DD)** may be found in the Appendix under DSN Policies and Directives.

13. Essential Practice Elements of ABA **(Per the Behavior Analyst Certification Board, Inc. Guidelines)**

These characteristics should be apparent throughout all phases of assessment and treatment:

- Description of specific levels of behavior at baseline when establishing treatment goals.
- A practical focus on establishing small units of behavior which build towards larger, more significant changes in functioning related to improved health and levels of independence.
- Collection, quantification, and analysis, of direct observational data on behavioral targets during treatment and follow-up to maximize and maintain progress towards treatment goals.
- An emphasis on understanding the current function and future value (or importance) of behavior(s) targeted for treatment.
- Efforts to design, establish, and manage the treatment environment(s) in order to minimize problem behavior(s) and maximize rate of improvement.
- Use of a carefully constructed, individualized and detailed behavior analytic treatment plan which utilizes reinforcement and other behavior analytic principles as opposed to the use of methods or techniques which lack consensus about their effectiveness based on evidence in peer reviewed publications.
- An emphasis on ongoing and frequent direct assessment, analysis, and adjustments to the treatment plan (by the Behavior Analyst) based on the child's progress as determined by observations and objective data analysis.
- Use of treatment protocols that are implemented repeatedly, frequently, and consistently across environments until the child can function independently in multiple situations.
- Direct support and training of family members and other involved professionals to promote optimal functioning and promote generalization and maintenance of behavioral improvements.

- Supervision and management by a Behavior Analyst with expertise and formal training in ABA for the treatment of ASD.

Note: Per the Behavior Analyst Certification Board, it is not recommended that Consultants have a caseload that exceeds 24 children.